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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001458 (6)

1. Corporation Name:
GEIER/MULES FINANCIAL MANAGEMENT, INC.



Principal Place of Business: **3300 N RIDGE ROAD, SUITE 370 ELLICOTT CITY MD 21043**
Mailing Address: **3300 N RIDGE ROAD, SUITE 370 ELLICOTT CITY MD 21043-7518**

3. Date Incorporated or Qualified: **03/21/1996**
3a. Date of Last Report:
4. FEI Number: **59-1950799**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. **5092 DORSEY HALL DR**
Suite, Apt. #, etc.: **SUITE 202**
City & State: **ELLICOTT CITY, MD**
Zip: **21042**
25. Country:
2a. Mailing Address:
26. **5092 DORSEY HALL DR**
Suite, Apt. #, etc.: **SUITE 202**
City & State: **ELLICOTT CITY MD**
Zip: **21042**
29. Country:

9. Name and Address of Current Registered Agent

**GEIER, THOMAS M
255 S ORANGE AVE SUITE 701
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GEIER, THOMAS M	
STREET ADDRESS	255 S ORANGE AVE SUITE 701	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MULES, DANIEL W	
STREET ADDRESS	3300 N RIDGE ROAD, SUITE 370	
CITY-ST-ZIP	ELLICOTT CITY MD 21043	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GEIER, JOSEPH N	
STREET ADDRESS	3300 N RIDGE ROAD, SUITE 370	
CITY-ST-ZIP	ELLICOTT CITY MD 21043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5092 DORSEY HALL DRIVE, SUITE 202
2.4 CITY-ST-ZIP	ELLICOTT CITY MD 21042
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5092 DORSEY HALL DRIVE, SUITE 202
3.4 CITY-ST-ZIP	ELLICOTT CITY MD 21042
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas M Geier* Date: **407-648-8841**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)